

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
MASSACHUSETTS**

Foxborough Town Hall ♦ 40 South Street ♦ Foxborough, MA 02035
Telephone 508-543-1200 Fax 508-543-1235

APPLICATION FOR HAWKERS AND PEDDLERS LICENSE
License Fee \$46 - License Expires on April 30th

Date_____

Applicant's Name_____

Address_____

E-mail Address_____

Business Name, if any_____

F.I.D. or Social Security Number_____

I Intend to sell_____

Location(s) where I will be_____

If you are selling food, do you have a Mobile Food Permit from the local Board of Health?

Yes_____ No_____

*Signature of Individual or Corporate
Name - **MANDATORY**

Signature of Corporate Officer
MANDATORY, IF APPLICABLE

** Social Security # (Voluntary) or
Federal Identification Number

Signature of Applicant

* This license will not be issued unless this certification is signed by the applicant

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws c. 62C s. 49A.

Please make check payable to the Town of Foxborough and return the completed application and the \$46 license fee to the Board of Selectmen at 40 South Street, Foxborough, MA 02035.

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**APPLICATION FOR AN AUCTIONEER'S LICENSE
- ONE DAY LICENSE -**

License Fee: \$50.00 per day

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto

Date_____

Full name of Person, Firm or Corporation applying for this license

Contact Person_____ Telephone Number_____

Address: Street Town State Zip Code

Purpose of the Auction is to_____

Location of the Auction_____

Date and Time of the Auction_____

ONE DAY AUCTIONEER LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.
I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

Signature of Individual or Corporate Name
MANDATORY

Signature of Corporate Officer
MANDATORY (If applicable)

Signature of Applicant

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**APPLICATION FOR AN AUCTIONEER'S LICENSE
- ANNUAL LICENSE -**

License Fee: \$200 per year

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto

Date_____

Full name of Person, Firm or Corporation applying for this license

Contact Person_____ Telephone Number_____

Address: Street Town State Zip Code

Purpose of the Auction is to_____

Location of the Auction_____

Hours of Operation_____

AUCTIONEER LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

Signature of Individual or Corporate Name
MANDATORY

Signature of Corporate Officer
MANDATORY (If applicable)

Signature of Applicant